

Analysis of *Intersexions* Episode 26 and the dramatic effectiveness of the semiotic device of the narrator, 'Mr V', using fear appeals theory.

Alice Clarfelt, Helen Hajiannis, and Laura Myers

Centre for AIDS Development, Research and Evaluation (CADRE)

Introduction

This paper is based on findings from a post-broadcast evaluation of the television series *Intersexions*, undertaken by the Centre for AIDS Development, Research and Evaluation. *Intersexions* is a 26-part television drama series is a joint production of SABC Education, SABC 1 and Johns Hopkins Health and Education in South Africa, produced by Curious Pictures and Ants Multimedia. with funding by USAID/PEPFAR. Guided by social, cultural and behavioural research into the transmission of HIV, the series delves into the lives of South Africans in order to portray what is known about the virus and the various contextual determinants that place people at the greatest risk of infection. The series focuses on love, sex and relationships and a range of individual, structural and social factors that result in dynamic and complex phenomena that drive the HIV epidemic in this country. The series premiered on 12 October 2010, on SABC 1 at 20h30 and broadcast was complete on 5 April 2011. The series was rebroadcast on SABC 1 during 2011.

Immediately following the broadcast of the final episode, twelve focus group discussions and eleven individual interviews were conducted in six South African provinces with regular viewers of the series (defined as having watched at least half the episodes in their entirety). The fieldwork for this evaluation took place from April 2011 to June 2011. Participants were recruited from three locality types (urban, peri-urban and rural) and included people in three age ranges: 18 to 24 years, 25 to 29 years, and 30 years and older. The discussions focused on participants' opinions of the series' storylines and characters and what they 'took away' from the series. Qualitative data were analysed thematically using NVivo data analysis software, and compiled into an overall report, which reflected on how participants critically engaged with the series' educational objectives.

Viewers of the final episode of *Intersexions* found it extremely provocative as episode 26 broke form and revealed explicitly in a documentary format the sexual network that was portrayed throughout the previous 25 episodes.

This was achieved by using footage from previous episodes, starting with the central protagonists' wedding at the beginning of the series. It showed how the chain of infection spread from one character to another, through the intersections of different sexual encounters including affairs and long-term relationships.

The episode was narrated by the aptly named "V", often referred to by participants as "Mr V", a semiotic device who reveals his identity in the final episode as the personification or embodiment of HIV.

Mr V takes pleasure in illustrating how the chain of infection works through the intersecting love stories, and as he does so arouses fears about HIV transmission. He is frustrated when the chain is broken through positive prevention behaviour, which demonstrates efficacy to take action. The sexual network revolving around the main characters, such as Mandisa, Kabelo and DJ Mo is carefully exposed, with Mr V indicating which other characters are HIV positive and who they might have transmitted the virus to. However, Mr V leaves the audience guessing about which character began the chain of infection. It concludes with a montage of faces that conveys an ever-growing picture of the sexual network in society at large.

This paper explores the impact of the series through its sensational dramatic effectiveness, which included the revelations made about the sexual network between the characters, and the construction of the narrator's persona as the embodiment of HIV.

A short discussion of fear appeals theory is provided, making reference to the debate on the effectiveness of using scare tactics to promote behaviour change and how recent theorists have proposed a model of fear appeals called the "Extended Parallel Process Model" which specifies the need for a danger rather than fear-control response. A successful danger-control response is determined by high perceived efficacy related to the belief that one can feasibly avert the threat through enacting certain behaviours. The impact of the docudrama will be contextualised in relation to evaluation findings of the series as a whole, including reference to forms of behaviour change that took place after viewing this episode, such as the uptake of HIV counselling and testing services and engagement in lower-risk sexual behaviours.

Fear appeals theory (*the Extended Parallel Process Model*)

The use of fear appeals in behaviour change programmes has been subject to extensive debate. As Green and Witte (2006) note, most health professionals who work in the HIV/AIDS field do not support the use of fear arousal in AIDS preventative education, believing it to be counterproductive. Fear arousal has been associated with a moralising influence in the minds of many AIDS experts which is believed to interfere with sexual freedom and rights (ibid). However, research and programming has demonstrated that fear appeals can be a powerful persuasive device across a variety of health domains (e.g., drunk driving, safer sex, smoking, tractor safety, breast cancer, etc.) under certain conditions (Green and Witte, 2006).

According to Witte and Allen (2000) and Brengman, et al (2010), there is significant experimental and meta-analytic evidence that reveals that fear appeals work in promoting behaviour change—especially when perceptions of efficacy are taken into account. This research suggests that fear-arousing messages motivate protective behaviours when people believe they are able to adopt effective responses to avert a threat (Witte, 1992a, 1992b, 1994, 1998; Eckart, 2011; Lennon and Rentfro, 2010). In contrast, when people do not believe they are able to make recommended responses and/or believe that recommended responses will not adequately deter the threat, fear appeals can fail and even have a boomerang effect whereby individuals engage in greater levels of risky behaviours (Maddux & Rogers, 1983; Witte, 1992a, 1992b, 1994; Beatson & McLennan, 2010).

The Extended Parallel Process Model (Witte, 1992, 1998; Witte, Meyer, & Martell, 2001; Morrison, 2005) which according to Green and Witte (2006) has reconciled former inconsistencies in the literature is considered here, and foregrounded as the theoretical framework for this paper. The essence of this model is that perceived threat (causing fear arousal) motivates action, and perceived efficacy (causing hope) determines the nature of that action (Green & Witte, 2000; Rimal & Real, 2003; Rimal et al, 2009). This model states that message depictions of threat (severity and susceptibility) combined with efficacy (response efficacy and self-efficacy) produce corresponding perceptions of threat and efficacy, which interact to produce either danger control actions (self-protective attitudes, intentions, behaviours) or fear control actions (defensive avoidance, denial, reactance).

With a danger-control response, typically people will carefully think about the recommended responses advocated in the persuasive message and adopt those as a means to control the danger (i.e., make attitude, intention, or behaviour changes) (Witte & Allen, 2000). In contrast, when people are motivated to control their fear, they no longer think about the danger of the threat. Instead, they focus on how frightened they feel, and they try to eliminate or reduce their fear through fear control actions.

According to the Extended Parallel Process Model, if perceived threat is low, then there is no further processing of the fear appeal (and thus no response) because people lack motivation to do so (Witte & Allen, 2000). Under high perceived threat conditions, high-efficacy perceptions result in danger control actions and low-efficacy perceptions result in high levels of fear, leading to fear control actions. People engage in danger-control processes when they believe they easily, feasibly, and effectively are able to avert a serious and relevant threat. Thus, high perceived efficacy (i.e., feeling able to perform an effective recommended action) coupled with high perceived threat (i.e., believing they are vulnerable to a significant threat) is the successful combination, promoting danger-control responses comprising self-protective or risk-reducing attitudes, intentions, and behaviours. The Extended Parallel Process Model provided the theoretical foundation for the development of *Intersexions*.

The impact of episode 26 is discussed below with reference to the Extended Parallel Process Model. Findings indicate that key moments of reflection, conceptualised action and actual behaviour change were underpinned by fears aroused by high perceived risk of HIV infection combined with high perceived efficacy to act to mitigate this threat. There were many examples of self-reported fear arousal including shock, surprise and fear, most often in response to Mr V and his identity as the personification or embodiment of HIV. These responses were often accompanied by a clear understanding of the threat of HIV transmission and of the measures one can take to protect oneself.

Findings

Series' impact through fear and efficacy

Evaluation findings indicate that this episode, and the series as a whole, successfully influenced behaviour through the combined effect of arousing fear about the threat of HIV, and developing high perceived efficacy to take action to alleviate this threat. Overall responses were of shock and surprise; reactions that were often accompanied by what was described as a new learning experience.

It is noteworthy that the overall response to the *Intersexions* television series was not always framed in a language of optimism, as many participants found it “*depressing*” and “*scary*” often stating that it shows “*your reality*”, which was also described as a “*harsh reality*”. This suggests that the series made its impact through a learning experience that was not just about positive reinforcement, but an awakening to a stark and often disturbing reality about vulnerability to infection that triggered strong emotions including fear and depression. There has been critical debate about the effectiveness of fear appeals as opposed to positive reinforcement approaches to behaviour change, as has been highlighted above. *Intersexions* moves beyond the positive reinforcement approach in making explicit use of fear appeals. This is achieved via the deployment of sensational semiotic devices which shock the audience with the gritty reality of HIV's destructive potential.

Overall, the use of fear as a catalyst for positive responses and adoption of health-enhancing behaviours was perceived to be subtle and effective, with some participants explicitly stating this and comparing *Intersexions* to other health communication media. One participant spoke of having the initial perception that triggering fear as a response would have negative repercussions by making people more afraid. However, he went on to state that the series achieved its effect precisely through this use of fear-arousal, by “hitting in somebody’s heart” and making people more self-conscious of their behaviour:

What comes to my mind first is that the idea was to tell us, the community, what the purpose was of Intersexions to be played on the screen, and what was the message that has been passed through to the community. There is a hidden message. For example, take a HIV pamphlet, take a TB pamphlet, you read both; you cannot find the same message that you find there. It's like it was a hidden message, because there was the fear that if we tell people this, they will be more afraid of it, but it was strong and hitting in somebody's heart, and giving a conscience and saying, self-conscience and saying hey, by the way, let me remind you (Male, 30+ years, peri-urban, Gauteng)

Characterisation of Mr V

It was apparent that the semiotic device of the narrator, ‘Mr V’, who is HIV personified, served as a very effective means of communicating key messages around HIV and AIDS and led to some instances of actual behaviour change. Using the Extended Parallel Process Model it is possible to understand how the impact of ‘Mr V’, as the embodiment of HIV, was achieved through the combined effect of producing a high perceived threat and high perceived efficacy to act to mitigate this threat. Mr V’s characterisation triggered strong emotional reactions related to fear and heightened sensitivity to danger amongst evaluation participants, accompanied by a renewed appreciation of the threat of HIV infection. Overall, responses to Mr V were of horror and fascination – he was perceived to be intriguing and compelling as a real-life character, hiding and waiting for his moment to strike. The key meanings and messages taken from the docudrama, mostly involving knowledge acquisition about HIV and risk of infection, were often developed through participants’ engagement with Mr V. Examples of actual behaviour change were also reported which included accessing HIV testing and counselling and having protected sex.

Evaluation findings therefore indicate that the series has made a positive impact on viewers’ conceptualisation of HIV risk and uptake of preventative behaviours through provoking an effective combination of fear and efficacy; developing heightened perceptions about the threat of HIV infection whilst giving people a way out to manage that threat. Viewers who participated in the evaluation of *Intersexions* episode 26 gave voice to rich and multi-faceted understandings of HIV through their engagement with Mr V, and these were often directly related to a learning experience and a conceptualised form of action that one could take to protect oneself and others from infection. There were also several examples of reported or observed behaviour change, which can also be directly linked to the episode’s successful use of fear appeals. The understanding of the threat of HIV was also linked to its destructive potential, as many participants reported being afraid of the fatal consequences of HIV. As well as preventative measures that could be used to protect oneself from HIV infection, participants also referred to uptake of antiretroviral treatment as being a lesson learnt that increased their sense of efficacy to mitigate the risk of contracting AIDS.

There were certain attributes of the dramatic device of Mr V as HIV personified that were identified and discussed in relation to fear arousal and increased awareness about HIV and sexual behaviour. These included the understanding that he is HIV 'embodied' and in this way exists in close proximity to one's everyday life, interactions, and physical being. Participants also spoke about the way the personification of HIV as Mr V lends a human quality to the virus; he was said to take on a variety of roles including acting as your best friend, permeating your social and personal spaces, 'liking' people with high-risk lifestyles and 'disliking' those who play it safe, and had other human attributes such as a sense of humour. Mr V was also characterised as a destroyer, a superman, a moralist, and a social worker.

The physical embodiment of HIV as 'Mr V'

The embodiment or anthropomorphisation of the voice of HIV as Mr V was successful as a dramatic device that quickly brought the reality of HIV into close proximity with one's own everyday life, interactions, and physical being. Participants described a heightened awareness of HIV's physical presence, and – tuning into the personification of HIV as 'Mr V' – described him as an opportunist waiting for his moment to strike:

For me it was a brilliant thought because Mr V has been speaking for a long time even when it was starting, but we never thought it was Mr V. We thought it was a narrator who was just telling us what was gonna happen. But basically what Mr V was saying was 'I live next to you each and every day. I am just waiting for my moment'. So whoever thought about that did a good job (Female, 30+ years, peri-urban, Free State)

Several participants reflected on the effectiveness of Mr V's characterisation as the *embodiment* of HIV, which was said to be powerful because it conveys the feeling that he is very close, either right next to you or even already present in your physical body.

I also like the way he made HIV sound so human; he made you feel that it is real and it will get to you the same way he said it would (Male, 18-24, peri-urban, North West).

The sense that Mr V 'is always there next to you saying, if you do not use a condom, I will get you' was described by participants to be frightening, and this was often accompanied by a message or a call to take action to protect oneself (Female, 30+ years, peri-urban, Free State).

Forms of action such as using condoms, as well as going for HIV testing, were conceptualised as methods of protecting oneself and others against the proximate threat of HIV. The same participant reflected on the potential of mass behaviour change within society to unite against HIV and put an end to the pandemic, as she reflected on Mr V's ability to infect people who do not have safer sex (and how this can be avoided):

[Mr V revealed] that he kills. That he is always around the corner and he always has targets. You can be his targets and if you are not firm enough about the condomising part you fall for it he will get you. And he hates people who use condoms because they are preventing him from getting into his target. Also, I like what he said Mr V, he said 'imagine if everyone would go testing and everyone would use a condom, everyone would know their status then how would I have my targets, because like everyone would be stopping me'. So for me it was like 'wow' if only everyone could like go testing and everyone could use a condom, be faithful and stuff, that means we have got a way of stopping HIV and AIDS (Female, 30+ years, peri-urban, Free State)

Mr V the destroyer

The perceived threat of HIV and heightened fear arousal was often associated with Mr V's destructive potential. He was described as aggressive, parasitical and invasive. Participants reacted strongly to what was described to be a sense that Mr V could be present within your body without you knowing:

The voice and the way he spoke and even in the end I was convinced it was DJ Mo; until he said 'when I enter your body I won't knock, you won't know I am there and after a few weeks or months I would have destroyed a lot in your body' that is when I realised that it was HIV. (Female, 18-24, peri-urban, North West).

Emotions conveyed included fear, feeling unsettled and wanting to act so as not to become Mr V's next target. As participants gave voice to their heightened sense of fear and perception of the potential destruction caused by Mr V, some would also refer to a prevention method such as using condoms:

I really enjoyed the last episode because it managed to wrap the whole thing in a very good way because the virus was talking from the beginning to the end, it really scared me. Okay, I know about HIV and I have worked in a research organisation, the information that I have. The way the virus spoke, it was like it was talking to me; if it is already in my body, this is what it's doing and it wants me to take it out to other people and the minute I use a condom the virus is angry at me. I am not going [to give] the virus the opportunity to enter others; it is like the virus is just happy to destroy us (Female, 30+ years, urban and peri-urban, KwaZulu-Natal).

Mr V does not discriminate

The perception of Mr V's non-discriminatory nature was another personality trait that aroused certain fears about vulnerability to infection that simultaneously increased perception of risk. This conveyed the message that everyone is potentially vulnerable to infection and that this is not dependent on criteria like wealth, status or race.

The fact that AIDS or HIV was talking, it had a voice. I was like you know what, as he said [M2] it doesn't have a face, doesn't discriminate, doesn't pick any race. If you are not responsible, it goes for you. (Male, 30+ years, peri-urban, Gauteng)

Because like the different characters came from different races, cultures and all that stuff. So it shows at the end, it says "I have no friends, I'm not too picky, I take it where I get it." (Male, 25-29 years, peri-urban, Gauteng).

In keeping with the knowledge of HIV being non-discriminatory, some participants spoke about how Mr V (HIV) penetrates every crevice of society including institutions like prisons and marriage. The inescapable presence of HIV was also associated with messages and action points about HIV prevention such as having safer sex. One participant recalled the message communicated by Mr V that you cannot hide from HIV if you do not use protection:

The way the narrator was saying "you cannot hide from me as long as you don't use protection". You know, you can read the prevention pamphlets, you can look at the prevention adverts, but if you look at that part, it was basic information in prevention. It starts outside the prison, inside the prison, in the domestic, outside marriage, inside marriage. It covers all the social life of the community (Male, 30+ years, peri-urban, Gauteng)

Another participant spoke about how she had been struck by Mr V's penetration of social and personal spaces that she frequents and enjoys, such as parties. This indicates an increased awareness of high risk situations such as parties involving alcohol and sexual interaction, which were once spaces for pleasure, and have now been contaminated by the threat of HIV.

I am going to quote; I love parties... when he said "At parties, I am there but you won't even see me, I am not even invited but I will be once we get to the bedroom. I am going to get invited into your body and you won't even notice, you speak of me a lot but, you don't know who I am" (Male and female, 18-24 years, peri-urban, North West).

HIV was described as a destructive force, with an angry personality, beguiling in some ways such as when he acts as your best friend wanting to get to know you (but with devastating consequences).

Mr V is attracted to human qualities and flaws

Part of Mr V's personification and 'human'-like quality was recognised in the way he expresses how he likes and dislikes certain people according to their lifestyles (high or low risk). Mr V was said to be very perceptive of certain human qualities that affect us all when it comes to sex, and to be attuned to opportunities where a person is not 'playing safe'. Examples of behaviours that participants understood Mr V as liking included drinking alcohol, having multiple partners and not using condoms. Other opportunities for Mr V to infect were recognised as situational contexts of risk (for example, situations of sexual abuse and situations where people first fall in love and are in the 'honeymoon' phase when they are less aware of HIV risk); personality traits such as having low self-esteem; and certain kinds of relationships (such as having sugar mummies or daddies and being financially dependent on them).

Facilitator: What are some situations that the virus loves? Where does the virus thrive?

F4: Drunkenness.

M2: Low self-esteem.

F4: Husbands who cheat.

M2: Promiscuity....

M6: It thrives on sugar mummies, sugar daddies' dependents.

F4: What it actually said about that prison scene as well, I can't remember what words it used, but he loves those kinds of situations.

M2: The probability that one has when they first fall in love, that honeymoon phase (Males and female, 18-24 years, rural, Eastern Cape).

Participants also reflected on the kinds of characteristics and behaviours that Mr V 'hates' (Mr V was usually described as having strong emotional reactions to people and situations). Such people included people who do not have 'fast' lifestyles, or people he describes as 'safe', in other words people who test for HIV, use condoms, reduce the number of their sexual partners and have good relationship communication. Some participants derived the message that Mr V hates those who abstain from sex until marriage. This was not an intended message of the series, however the reaction is indicative of participants' existing understanding of HIV prevention messaging (i.e. one must abstain from sex / not have sex before marriage):

Those people who protect themselves, who kept testing, you know, those safe people. It doesn't like them at all. It likes these irresponsible people who drink, sleep around, no condoms and stuff. It likes those who invite it in (Male, 25-29 years, urban, Gauteng).

F4: [The virus does not like] people who wait for marriage.

M6: People who don't live fast.

F4: [It doesn't like] talk, communication....

M2: Yes, I love that idea that she said, one of the things that it raises is it hates people that wait until they get married, and he watched that, then you're like oh well, hate them [laughter] (Males and Females, 18-24, urban Eastern Cape).

Superman: Mr V becomes strong through his ability to infect

The character of Mr V was conceptualised as a 'Superman', having a superhuman or superhero quality in the sense that he derives his strength and power through his ability to infect people and loses it when people protect themselves. Again, the depth and richness of this interpretation of HIV was directly associated with viewers' identification with Mr V as human (albeit a super-human in this case) who has strengths and weaknesses just like the rest of us:

For me with the voice, I felt like the voice was a superhero or a mutant of some sort, that in order for it to be powerful, it kind of needs to infect. So, if he doesn't infect, which is the people that he doesn't like, it becomes weak. So, for me it was like wow, okay, this is Superman. It was like Superman with daily issues, you know what I mean [laughs]. So, for me, that's how it was (Male, 25-29 years, urban, Gauteng).

Mr V the 'social worker'

There was an awareness of the multiple roles and purposes of Mr V. For example he was understood to be a frightening dramatic device that communicates the reality and threat of HIV, and also a positive moral agent who promotes safer sex behaviours. Some participants went so far as to describe him as a 'social worker'. Thus in some cases Mr V's characterisation did not achieve its impact directly through fear arousal, but through a direct engagement with him as a moral agent and learning device that encourages viewers to reflect on their sexual behaviour. One participant described Mr V as being 'multi-health' as he spoke about learning about how HIV infects the human body as he watched episode 26 with his friends:

It shows from the beginning up till the end, and I like the narrator. The narrator is the virus himself, and the narrator is a social worker at the same time, you understand? He is multi health, that guy. I like the way he explains how the virus goes through. I want to tell you, there are six of us in the house, and at the end, instead of commenting, we looked at each other and nobody was talking. We said no, which means this is the solution, how the virus goes through (Male, 30+ years, peri-urban, Gauteng).

As well as triggering feelings of fear and anxiety and concomitantly a heightened desire to protect oneself from risk of infection, Mr V's pedagogical capacity was also related to his human quality and his clear, informal communicative style. Rather than using technical, academic language, Mr V was described to use 'simple words' and to talk 'nicely' and directly to the viewer. This was described to be a positive learning experience:

Why I say this is because even the kids could understand what was said in the story, and to come to the end, the narrator, he was not using bombastic words when he narrated. He used simple words. I know the members of my community, when somebody talks about the person who was narrating, they say hey, that person was talking nicely, and even me, I feel the same as you feel, that the virus is getting inside my body. It's like when he was talking, it was like you are seeing a road, a road where the HIV comes from and where it stops, things like that (Male, 30+ years, peri-urban, Gauteng)

Mr V's concluding speech

Several participants commented on Mr V's concluding speech and the montage of characters' faces, combined with new ones, at the end of the episode. This final dramatic twist to the episode was effective in the way that it encouraged viewers to identify HIV risk as being a real issue in their everyday lives and within their families and communities. Impact was achieved here via fear arousal, related to participants' anticipation of seeing their own picture come up or that of someone they knew. Some participants also said that it reminded them of people they knew who were HIV positive. In a particularly disturbing interpretation, one participant compared watching the final sequence to 'reading the Book of the Dead'.

M2: It also came across as that title of the book, it's like you're reading the Book of the Dead. It's like all these people have died or are affected. It's like you are in some museum, or what do you call that place where you bury people?

F4: Graveyard?

M2: Cemetery. It's like you are in that kind of place and you are saying oh, these pictures, and they just continue and continue. You always get to see a face and you think oh. The negative aspect is, I mean even if you don't see a picture that you know is there, some of us probably know of pictures in our own heads that we could put there (Males and females, 18-24 years, rural, Eastern Cape).

Danger-control response: Attitude, intention, and behaviour change.

Overall, participants reported positive learning experiences through their engagement with Mr V as the personification of HIV, which was associated with a heightened sense of fear arousal at the perception of risk of HIV infection, as well as perceived efficacy to act to moderate or mitigate this risk. This in turn promotes a danger rather than fear-control response. Recalling the Extended Parallel Process Model (Witte; 1992, 1998), if people can become motivated to *control the danger* of the threat they will think carefully about the recommended responses advocated in the persuasive message and adopt those as a means to control the danger, whereas when people are motivated to *control their fear*, they no longer think about the danger of the threat but of how frightened they feel, which might lead to trying to reduce the fear through defensive avoidance, denial, or reactance. The level of perceived efficacy experienced by an individual is crucial to this equation. Participants' responses indicate that fear arousal was accompanied by a strong perception of the specific nature of the threat of HIV, and this was often accompanied by an understanding of how one could protect oneself. This is evidence of high perceived efficacy, a sense of *power to act* to change one's circumstance and mitigate the risk of HIV infection.

Reflections on fear responses would often coincide with an awareness of the nature of risk – which included people, situations and behaviours. One participant spoke about a friend who had described

the series as ‘a horror movie’; she added that she thought ‘he must have been really scared’, whilst another participant responded by suggesting that her friend might have a high risk lifestyle: ‘Chances are that he is living the life’ (Females, 18-24 years, peri-urban and urban, Free State). This indicates that participants are aware of and associated the feeling of being scared with high risk behaviours and that certain people should be afraid as compared with others, showing that they have an enhanced perception of the nature of HIV risk.

Fear arousal combined with a specific understanding of the nature of HIV risk, and of death and destruction caused by HIV, and forms of action that one could take to mitigate this created a situation whereby participants were given enhanced self-efficacy, and there were many examples of viewers either a) changing their behaviour or b) conceptualising actions that they could, and potentially would take in the future.

There were five self-reported behaviours that participants linked directly to *Intersexions*: HIV Counselling and Testing, condom use, communication between sexual partners, alcohol and sex, and reduction in number of partners; these outcomes are described in-depth in the following section.

HIV Counselling and Testing

The most common form of reported behaviour change was HIV testing. Evaluation findings reveal that at least 10 participants reported going for an HIV test, and there were also reports from participants of people they knew (friends, family members, neighbours) who had gone for HCT as a result of watching *Intersexions*. Of the participants who reported going for testing, they were predominantly female, though two males also went for testing. Often the decision to go for testing was motivated by heightened fear arousal, linked to heightened perception of risk of infection, and a sense of perceived efficacy to take action. The series was said to have increased knowledge and created a sense of possibility to know and to act, as one male participant who tested stated, “it opened a whole lot of things for me” (Male, 25-29 years, urban, Gauteng). This participant had tested already, but had not followed up after the window period, and after watching the *Intersexions* he was motivated go back to do the follow up HIV test:

But as you're watching, as you watch Intersexions, because like I tested, then I was supposed to go for the window period, and then like you watch, because I told myself, I was like I went for the first time, why should I go for the second time, for the window period, but then you watch it and you're like hey, no! I have to go back. I actually went back and I was quite glad that I actually went back. It's just from now on, it's like now, with Intersexions' help, and with me being an inquisitive being, I actually started to try to find out a whole lot of things. With the knowledge that I have, I think yah, Intersexions helped and pretty much opened a whole lot of things for me (Male, 25-29 years, urban, Gauteng)

Participants often shared their personal stories in the focus group or interview, providing some detail about the context and or circumstances that they were in, when they made the decision to go for HIV testing. Here attention is given to conceptualised as well as enacted forms of behaviour change, as both are indicative of high perceived efficacy and a danger-control response. Actions that were conceptualised in response to the episode were often accompanied by a direct reflection on the appeal of Mr V and how he raised fears about HIV infection whilst simultaneously creating a sense of

urgency to mitigate this threat. One participant spoke about the episode as being ‘*depressing in a good way*’, as it would make viewers want to take immediate action and have an HIV test:

Depressing in a good way [laughs]. It’s depressing, because if someone was doing the very same things that were happening in there, then they would have to think twice, you know. So for them it’s really depressing because you’d want to go and test immediately [chuckles]. Maybe the next day you’d really want to go and make sure that you’re not sick... (Male, 25-29 years, urban, Gauteng).

There were some instances where participants talked about how the hidden but proximate nature of Mr V had encouraged both themselves and others to test or to engage in safer sex. In one example, the participant described how he imagined Mr V would have a profound influence on people going for HCT and on practicing safe sex, especially in situations where people lack knowledge about HIV infection:

It was one of my best [episodes]. To me, the episode itself, it gives me all the episodes from the beginning till the end. It shows the pictures, the narrator added, and gave the way forward. There was a way forward in it, that “hey, don’t think I am invisible. Yes, I am, but when I become visible, I become more dangerous in your body”. To someone who is blank, not like me, who is aware about it, he will open his eyes and say “oh God, no, no, no, let me go and test, or I fear to test, let me play safe” (Male, 30+ years, peri-urban, Gauteng).

In another, a young woman told how episode 26 managed to heighten the risk perception of her whole peer group, as they collectively agreed to test for HIV, having avoided it in the past:

At school we had discussions on the previous episode and stuff like that, but then it’s like we joke about AIDS, like ‘no man, and whatever, AIDS this, AIDS that’, but then it’s like after that virus, like the last, last episode, that’s when okay.... at school they introduced peer education and encouraged us to go and test, and we were like ‘no, we are definitely not going there’ and all that stuff. After the last, last episode where the virus spoke, the following day we came to school and like ‘uh-uh guys, we’ve got to go and get tested’. As much as there were seven of us, five of us did go and test and then the other two refused, but that was fine.... It started off with my friend, it was like ‘okay guys, eish, I’ve been around and stuff and all of that’, and then the point where I think number eight mentioned, I think the part stood out where ‘okay, I’m sleeping with this one person, here I’m thinking he’s my only one and all of that, but then again, has he thought of the people that this person has slept with’ (Female, 18-29 years, peri-urban, Western Cape pre-testing group).

A 69 year old participant said that she had asked her daughter to watch *Intersexions* in the hope that she would go for HIV testing. She described how after watching episode 21, her daughter felt encouraged and she went to the clinic for an HIV test the next morning and subsequently started antiretroviral treatment (ART). For the 40-year old daughter, though she recounted that she knew about HCT prior to *Intersexions*, she felt too afraid to go for a test. However, in her own words, seeing the episode with Ntombi choosing ART rather than traditional medicine is the factor she cited as the reason that finally influenced her to go for HCT the morning after viewing that episode.

First morning, I go there to the clinic then I tested and they say I am positive, then next weekend they gave me the ARVs. (Female, 30+ years, rural, Mpumalanga).

It was evident that the knowledge that HIV can be successfully treated with ART led to perceived efficacy to take action, and consequently motivated this woman to test for HIV. Referring to how her daughter acted on this new knowledge about ART by testing for HIV, the mother said: “*Yes, they know [about ART] but if they see it on TV, they know that pills can do something*” (Female, 30+ years, rural, Mpumalanga)

There were also reports from participants of people they knew (friends, family members, neighbours) who had gone for HCT as a result of watching *Intersexions*. One of the participants, an HIV activist and community worker, routinely encourages people within his community to go for testing. During his interview, he referred to the negative attitude he usually gets from young people when he talks to them about HCT but that he was pleasantly surprised to find some of these young people in a queue waiting to go for a test. He asked them what had changed that they had come for testing, and was responded to by references to characters from *Intersexions* that were living with HIV but who were perceived to be healthy. This is a key example of how viewers experienced perceived efficacy to act, rather than having a fatalistic “fear-control” response.

M: [This is something], which I have never experienced yet, because they told me that they can't test themselves.

Interviewer: Like who?

M: I mean neighbours, the youth. I am talking about the youth. When we went to the school, educating and encouraging people to test, they could tell you the reason why they can't test: “I can't test, because if I test and find myself positive, I will kill myself”. So, when I saw them in the queue, I was shocked, then when I asked them, “if you find yourself positive, are you going to kill yourself?” They said “no, look at Kabelo, he was fresh and he had a girlfriend with AIDS, he had sex with someone with AIDS”. So, at the same time, it changes the people's attitude of taking HIV as a death sentence, and look at those beautiful girls and fancy guys who are positive, that it's not only for ugly people like me, but even others (Male, 30+ years, peri-urban, Gauteng).

Condom Usage

The second most common behaviour change reported by participants was ensuring that they used a condom every time they have sex. It is important to note that far fewer participants self-reported behaviour changes in relation to condom use than those who reported going for an HIV test. Four females reported having taking actions to ensure they always had protected sex which they linked to exposure to *Intersexions*, with specific references made to episode 26 and the characterisation of Mr V, for example:

Although I would say I trust my partner I am not totally sure that he is trustworthy... so I try to make sure that if we are to engage in a sexual act we always use protection. The last episode freaked me out and the voice that they used for HIV; when it says ‘I can get you’ it made me traumatised actually. The voice always comes back to my mind.... I always make sure that I use protection (Female, 18-24 years, peri-urban, Kwa-Zulu Natal)¹.

¹ Transcript FGD 25 -29 mix urban peri-urban KwaZulu-Natal, 27827,28320

Few males reported a change in condom use behaviour. There was, however, an example of a male participant refraining from casual sex without a condom. This participant described how he was in a situation where he was about to have unprotected sex, when he heard the voice of Mr V, the narrator, in his head, which led the feeling to dissipate as he reflected on the potential risk of HIV infection.

I could think about this one girl, she put me in a tight corner and there was no condom [laughter]. Actually, when you hear the narrator, I was hey, about getting into your body in different ways....After the narrator was saying and I remember I was with a girl wanting to fuck her that night, the feelings are gone because I'm thinking about that message, how it goes through (Males, 25-29 years, urban, Gauteng).

Relationship communication

The series hoped to provoke a sense among viewers of the importance of communicating with sexual partners about sexual histories, HIV testing and HIV prevention. Four participants reported that since watching *Intersexions*, they had been communicating more openly with their intimate partners. Numerous examples were shared of discussions about the series with friends, family members, neighbours, strangers, work colleagues, young people, and sexual partners. There were a number of different types of communication that emerged, including specific opinions of the series and its characters, the extent to which it related to 'real life', reflections on one's own relationships, heightened perceptions of HIV risk, and communication between sexual partners about sexual histories and HIV prevention.

Two participants described how, having gone for HCT after viewing the series, they found that this then laid a foundation for improved communication about sexual and reproductive health issues with their partners.

*To me, it has brought a change, because as I said, after I watched *Intersexions*, I had to go for testing, and I knew that testing is the most important thing. I can say to my love life, I can say to me and my boyfriend, now we are free to talk about everything now. Now we know there are STIs outside, you name them, you know. Now there is this bond, that each and every moment we have to talk about what we are facing (Female, 25-29 years, rural, Eastern Cape).*

Reduction of multiple partners

The topic of multiple partners was one of the most talked about themes from the television series. Participants identified with characters, situations and storylines that contained a "multiple partner" or "infidelity" component. Though there were many descriptions, self-reflections and even disclosures about having multiple partners and / or being unfaithful to a sexual partner during the evaluation research, there were almost no reports of participants changing this behaviour completely. One participant talked about how episode 26, and specifically Mr V as the anthropomorphised HI virus, had a significant effect on him, to the point where he got a piece of paper and was trying to reconstruct diagrammatically, his own sexual network. It was evident that this participant had been deeply affected by the voice of Mr V to reflect on his own sexual past and to think about the consequences of his actions.

M: It has caused me to make changes because now I have even changed my movement.

Interviewer: What do you mean?

M: I am always at home. I am no longer looking for other partners. Like if I can hear the word Intersexions from someone, I feel like eish, that virus was talking there.... I said no to someone, and then we discussed whatever we discussed about it, but I said eish, and when I looked at the girl I was in love with, because that voice stayed with me the whole night and the whole day, and trying to take a pen and paper, trying to write what that guy was saying, and making a circle, making blocks, A to D, of people and the voice, how it goes. You see, if I'm in love with a girl staying in Gauteng....

Interviewer: So you said it's made you very aware of playing around?

M: Yes.

Interviewer: Does that mean you are going to change that?

M: I will change. Not to say I will change, I have changed. I don't know if it's because I'm experienced in the field, but I have changed because I feel empathy for other people, whereby I am in love with somebody, although I am using protection, but what about the partner of that person? (Male, 30+ years, peri-urban, Gauteng).

Two participants, both female and in the age group 18-24 years, reflected on the high risk situations they placed themselves whilst partying and drinking alcohol. They stated that after watching *Intersexions* they took decision not to have sex when under the influence of alcohol (Female, 18-24 years, peri-urban, North West; Female, 18-24 years, rural, Eastern Cape). Another participant spoke about how her brother used to have multiple concurrent partners, the implication being that this was fuelled by alcohol abuse (Female, 25-29 years, rural, Eastern Cape). After watching the series he was said to be struck with the realisation that his current lifestyle might lead to HIV infection and death, and had reportedly stopped drinking excessively and was remaining faithful to one girlfriend.

Accessing antiretroviral treatment.

One important lesson learnt from episode 26 that was connected to potential action was understanding the effectiveness of ARVs. One participant spoke of how this challenged his negative views of ARVs, and instead gave him a sense of agency in the realisation that he (and others) could be helped by treatment. This was said to be a significant encouragement to test for HIV. This can also be seen to alleviate or mitigate the fear that one will die from HIV infection:

I liked how it gave power to things that one can use once they are HIV positive, the fact that I hate tests, I hate ARVs, it sort of gave power to them. You felt as though well, I should go and test, and if I do get ARVs it can actually help me because this virus that I have been hearing about for so long is actually against those things. They really are powerful (Male, 18-24 years, rural, Eastern Cape).

One participant, whose daughter was encouraged to go for an HIV test after watching episode 21, spoke effusively about the health-enhancing benefits of ARVs and about how her daughter is now taking them and has regained her health. This impact of the series on this participant and her daughter has also been captured in the section above on HCT:

When she come there to the clinic and say "mama, they say I have got HIV", I said thank God.... She knows, she will take pills now.... She is better now... She is better, better,

better. Too much better. I was thinking she will go, she will die.... She is alive because of them, the pills (Female, 30+ years, rural, Mpumalanga)².

Several participants spoke about the advantages of knowing one can live positively with HIV through accessing ART, as opposed to taking traditional medicine. One participant who is living with AIDS spoke about a direct action he took as a consequence of viewing this episode, writing down a message to his parents that, should he fall very ill they should give him ARVs and not mix them with traditional medicine:

M: Like I am fresh now. I now know how to give the message when I am terminally ill and say please - I wrote it down - please continue with these ARVs, because the moment you mix with traditional medicine, it's not good.

Interviewer: Who did you write it down for?

M: For my parents, for my family.... That if I am terminally ill, please, I can't die. If I failed to take my tablets, put it in my mouth, and do it at the right time. That was the message from Ntombi actually, to other families, and saying care for people who are ill, and be supportive in medication. I like that part. Definitely, definitely I like that part, the supportiveness part of it (Male, 30+ years, peri-urban, Gauteng).

Conclusion

In conclusion, it is possible to state that the docudrama was successful as a culmination of the series, and that in and through this episode viewers attained a deeper engagement with messages about HIV risk and sexual behaviour. Much of the effectiveness of the learning experience gained from the docudrama was located in the character or persona of Mr V. Most participants expressed how his narration impacted on their sensibilities, often feeling shocked, surprised and afraid when they found out who the narrator actually was. Beyond this initial shock, participants engaged with key attributes belonging to Mr V (or HIV), including his non-discriminatory nature, how he relishes certain high risk contexts such as situations of sexual abuse, high alcohol consumption and unprotected sex. Other aspects of the episode that participants engaged with included a deeper understanding of the sexual network, and how the storylines and characters intersected. Many participants grasped the spider-web concept, and there were several discussions around how characters were interlinked sexually, as they tried to piece together the network.

This paper analysed and presented findings from the *Intersexions* evaluation through the lens of fear appeals theory. There is strong evidence to suggest that the series, and in particular episode 26, made its impact through fear arousal accompanied by enhancing perceptions of the *nature* of HIV risk and concomitantly viewers' understandings of their vulnerability to infection. In this way the series managed to strike the balance of arousing the kind of fear that leads to a response that seeks to control the *danger* of the threat of HIV, rather than just trying to control their fear. A sense of self-efficacy to protect yourself and others was clearly apparent as participants conceptualised the forms of action they could take to fight 'Mr V', such as using condoms, testing, or taking ARVs. This supports the Extended Parallel Process Model of fear appeals that high perceived threat (i.e., believing they are vulnerable to a significant threat) coupled with high perceived efficacy (i.e., feeling able to perform an

² Transcript IDI Females Rural Mpumalanga.txt, 27236,29096

effective recommended action to mitigate that threat) promotes danger control responses, which is equivalent to the adoption of the message's recommendations of self-protective attitudes, intentions, and behaviours.

References

- Beatson, R. & McLennan, J. (2010). Understanding community bushfire safety issues from social psychological perspectives – a discussion paper. Online at: http://www.bushfirecrc.com/managed/resource/socpsych_theories_discussionpaper_.pd [Accessed 06 June 2013].
- Brengman, M., Wauters, B., Macharis, C., & Olivier Mairesse, O. (2010). Functional effectiveness of threat appeals in exercise promotion messages. *Psicologica 31*, pp. 577-604.
- Eckart, J. (2011). Mind Control Tactic – Fear Appeal. *Neuro-Linguistic Programming & Hypnosis*, 5, p. 1.
- Green, E.C., Witte, K. (2006) Can Fear Arousal in Public Health Campaigns Contribute to the Decline of HIV Prevalence? *Journal of Health Communication*, 11, pp. 245–259
- Lennon, R. and Rentfro, R. (2010). Are Young Adults Fear Appeal Effectiveness Ratings Explained by Fear Arousal, Perceived Threat and Perceived Efficacy? *Innovative Marketing*, 6(1), pp. 58-65
- Morrison, K. (2005). Motivating Women and Men to Take Protective Action Against Rape: Examining Direct and Indirect Persuasive Fear Appeals. *Health Communication*, 18(3), pp. 237-256.
- Rimal, R.N. & Real, K. (2003). Perceived Risk and Efficacy Beliefs as Motivators of Change: Use of the Risk Perception Attitude (RPA) Framework to Understand Health Behaviors. *Human Communication Research*, 29(3), pp. 370-399.
- Rimal, R.N., Böse, K., Brown, J.; Mkandawire, G. & Folda, L. (2009). Extending the Purview of the Risk Perception Attitude Framework. *Health Communication*, 24(3), pp. 210-218.
- Soames-Job, R.F. (1988) Effective and Ineffective Use of Fear in Health Promotion Campaigns. *American Journal of Public Health*, 78, 2. pp. 163-167
- Witte, K. (1991). Preventing AIDS through persuasive communications: Fear appeals and preventive-action efficacy. Unpublished doctoral dissertation, University of California.
- Witte, K. (1992). Putting the fear back into fear appeals: The extended parallel process model. *Communication Monographs*, 59, pp. 329–349.
- Witte, K. (1998). *Fear as motivator, fear as inhibitor: Using the EPPM to explain fear appeal successes and failures*. In P. A. Andersen & L. K. Guerrero (Eds.), *The handbook of communication and emotion* (pp. 423–450). New York: Academic Press.
- Witte, K. & Allen, M. (2000). A meta-analysis of fear appeals: Implications for effective public health campaigns. *Health Education & Behavior*, 27, 608–632